

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AMENDMENT		ACTION 280 AS FILED/2MT	
	CND	DEP	CND	DEP	CND	DEP
1	✓					
2	✓					
3	✓					
4	✓					
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TOTAL IND.	✓					
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		██████	██████	██████	██████	██████

NO.	CND	DEP	CND	DEP	CND	DEP
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TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		██████	██████	██████	██████	██████